

## ATTACHMENT 1

### CONTRACTOR PAST PERFORMANCE QUESTIONNAIRE

Offeror shall fill out items 1 - 7 and provide to the Reference for completion. Reference shall return completed questionnaire to the following address by June 8, 2000:

General Services Administration  
Susan Haas (10PCPC)  
400 15<sup>th</sup> Street SW  
Auburn, WA 98001-6599 Phone (253) 931-7309

1. Offeror Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Company who received services (Reference) - Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone numbers: \_\_\_\_\_
3. Contract Number(s): \_\_\_\_\_
4. Contract Value(s): \_\_\_\_\_
5. Contract Award Date(s): \_\_\_\_\_
6. Completion Date(s): \_\_\_\_\_
7. Type of Contract(s): \_\_\_\_\_

**8. Ratings** (to be filled out by Reference identified in item 2 above):

Excellent: Contractor's performance clearly exceeds all contractual requirements

Good: Contractor's performance exceeds some contractual requirements while meeting other contractual Requirements

Satisfactory: Contractor's performance meets all contractual requirements, but doesn't exceed

Marginal: Contractor's performance meets some of the contractual requirements and does not meet other contractual Requirements

Unsatisfactory: Contractor's performance does not meet any contractual requirements

**QUALITY OF SERVICE PROVIDED:**

Compliance with contract requirements, accuracy of reports, evidence of technical excellence and good workmanship, and responsiveness to technical questions/problems. This also reflects the contractor's history of containing costs. Please provide brief comments for other than Satisfactory ratings.

\_\_\_ EXCELLENT \_\_\_ GOOD \_\_\_ SATISFACTORY \_\_\_ MARGINAL \_\_\_ UNSATISFACTORY

Comments:

**TIMELINESS OF PERFORMANCE:**

Adherence to delivery schedules including administrative aspects of performance and close out. Please provide brief comments for other than Satisfactory ratings.

\_\_\_\_ EXCELLENT    \_\_\_\_ GOOD    \_\_\_\_ SATISFACTORY    \_\_\_\_ MARGINAL    \_\_\_\_ UNSATISFACTORY

Comments:

**CUSTOMER SERVICE:**

History of reasonable and cooperative behavior, evidence of customer satisfaction, effective management, flexibility, effective contractor recommended solutions to problems, prompt notification of problems, and business-like concern for the interest of the Customer.

\_\_\_\_ EXCELLENT    \_\_\_\_ GOOD    \_\_\_\_ SATISFACTORY    \_\_\_\_ MARGINAL    \_\_\_\_ UNSATISFACTORY

Comments:

\_\_\_\_\_  
Printed Name of Evaluator

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Evaluator